

SaveYourDoctorTime Medical Questionnaire



Date Completed:

Completed by:

Myself / Family Member / Friend / Neighbour / Carer / Guardian / Official

Personal Details

Title **First Name(s)**
Surname **Health/ID Number**
Date of Birth **Age** years **Blood Group**
Height m cm **Weight** Kg **Arm Span** m cm
Emergency contact details:

Do you wear a personal alarm for a medical condition? Y/N (if so what for)

Bodily Functions

1. Blood pressure
2. Are you Pregnant? Y/N
3. Temperature
4. My temperature rises every evening Y/N
5. Urine pH
6. Pulse rate beats per minute
7. Pulse force full faint variable
8. Pulse rhythm Reg/irregular
9. Smoke? Y/N | a week
10. Drink alcohol? Y/N | units a week or glasses a week
11. Sexually active? Y/N
12. Appearance tidy untidy
13. Night Shift worker? Y/N
14. Body clock off? Y/N
15. Can be Upright? Y/N
16. Are you Wobbly? Y/N
17. Use Wheelchair? Y/N
18. Use Walking frame or stick? Y/N
19. Bed-bound? Y/N
20. Suitable clothing for weather? Y/N
21. Always hot/cold? Y/N
22. Suitable clothing for age? Y/N
23. Suitable clothing for size? Y/N
24. Clothes: Child/teen/adult Too tight/ too loose/good fit
25. Wash and dress unaided? Y/N
26. Eat and drink unaided? Y/N
27. Continent urine? Y/N | pads daily
28. Number of night toilet trips? times a night
29. Urine colour: Barely yellow Yellow Strong dark orange CloudyPink Dark red Smoky brown
30. Inability to pass urine? Y/N

- 31. Amount of urine passed daily?** ml | Scanty Normal (4-6 trips to the toilet) Excessive
- 32. Continent bowels?** Y/N | cleared daily
- 33. I have a bag to collect the waste** Y/N
- 34. Stool colour:** Pale Clay colour Dark Brown Red streaks Black
- 35. Stool Consistency:** Soft Hard Small pellets Large sausage Thin pencil
Undigested food present There are bits of things, not food, in the stools
- 36. Stools Passage:** Easy+quick Y/N Hard+slow, with pain Y/N
I use a product to evacuate stools regularly Y/N I manually evacuate stools regularly Y/N
- 37. Stools sink?** Y/N
- 38. Constipation now?** Y/N How long? days weeks
- 39. Diarrhoea now?** Y/N How long? days weeks
- 40. Type of diarrhoea:** Profuse thin rice water Porridge consistency Fully formed Explosive
Alternating with constipation Every hour After meals/
- 41. Appetite:** Never feel hungry Hungry once or twice a day Feel hungry every 3/4 hours during the day
Hungry all the time during day Hungry at night
- 42. Thirst:** Less than 1 cup daily 1 cup/glass drink daily 2-3 cups/glasses daily 4-6 cups/glasses daily
7-10 cups/glasses daily More than that daily I have intense thirst
- 43. Difficulty drinking?** Y/N
- 44. Any loss of weight?** In last month In last 3 months In last 6 months In last year In last years
- 45. Any gain of weight?** In last month In last 3 months In last 6 months In last year In last years
- 46. Accidents and Injuries with dates?**
- 47. Operations with dates?**
- 48. Sleep - hours per night approx:** hours unbroken
- 49. Sleep Problems:** Difficulty getting to sleep Y/N Difficulty staying asleep Y/N Restless legs Y/N
Difficulty staying in bed Y/N Need help waking up Y/N Daytime sleepiness Y/N
- 50. Details of any behaviours during sleep:**

Diet

51. In a week, do you eat these? Meat Y/N times Offal Y/N times Fish Y/N times
Dairy Y/N times Grains Y/N times Fresh Vegetables Y/N times Nuts Y/N times
Fresh Fruit Y/N times Seeds Y/N times

52. How many times a day do you eat? Eat meals when I'm hungry No set pattern of meals
One meal a day 3-4 meals a day More than 4 meals a day

53. Do you have difficulty eating? Y/N

54. Plate diameter size (if oval plate, give width) cm/inches

55. Chocolate / pudding/ cakes and pastries/ sugary cereals / biscuits: Never Once a month
On special occasions Once a week Every day Lots every day

56. Do you drink: Caffeinated tea Caffeinated coffee Decaffeinated tea or herbal drinks
Decaffeinated coffee or herbal equivalents Hot chocolate Fizzy drinks Juices (bought)
Juices (homemade) Squash Water Milk Other: I have no access to clean water

57. Do you take sugar in drinks? None Half/One teaspoon One/Two teaspoons
Two-three teaspoons Three-four teaspoons More than four teaspoons

58. What alcohol do you drink and when:

Medications/Supplements

59. Daily Medicines:

60. Weekly Medicines:

61. Daily Supplements (Vitamins and Minerals):

62. Daily Supplements (Other):

63. Alternative / Complimentary Therapies:

Getting Outside

64. How often do you get outside (beyond your garden): Cannot get outside ever Get outside once a week

Get outside 2-4 times a week Get outside 5-6 times a week Get outside daily

65. It takes me a long time to prepare to go outside: Y/N

66. Are you better in the sun?: Y/N

67. Are you worse in the sun?: Y/N

68. Do you avoid the sun?: Y/N

69. Daily Outside Activity (in fresh air): For 5 minutes For 15 minutes For 30 minutes

For 1 hour For longer None

Social

70. Do you have: Family? Y/N Friends? Y/N Neighbours you know? Y/N

People who you live with? Y/N Facebook? Y/N Twitter? Y/N

Other?

71. When asked, do you know: Your name? Y/N Your address? Y/N

Your telephone number? Y/N Your emergency contact details? Y/N

72. Would you like more contact with people? Y/N

73. Would you like less contact with people? Y/N

74. How do you show people that you love them?

- I buy something for them, e.g. card/gift/drink/meal Y/N
- I give them a call/contact via social media/ post Y/N
- I visit in person to tell them Y/N
- I do something to get their attention Y/N
- I give a hug or a kiss or have sex Y/N
- I don't usually bother – they know already Y/N
- I'm not that close to anyone Y/N
- I find it difficult to show love Y/N

75. Do you act one way in public and a different way at home? Y/N

76. Are you worried about another person's reaction to what you say? Y/N

77. Do you have a large collection of one type of object in the place where you live? (e.g. money, food, alcohol, clothing, footwear, animals, drugs) Y/N

78. When was the last time you cried? Today Yesterday In the last week

In the last month In the last year Never

79. When was the last time you laughed? Today Yesterday In the last week

In the last month In the last year Never

80. How many times a day do you get angry on average? Once a day Twice a day

Three times a day More than three times a day Not at all

81. How do you show your anger?

- I don't get angry Y/N
- I don't show my anger, I keep quiet Y/N
- I get it out verbally by complaining, arguing, nagging, heated discussion Y/N
- I have a scream or make a loud noise(s) Y/N
- I go for a walk/run/other physical exercise Y/N
- I get physical with an object, e.g. throwing something, hitting something, kicking something Y/N
- I get physical with a person Y/N
- I look for a way to get back at them Y/N

82. Can you move around the place where you live freely? Y/N

83. Can you move around the place you live easily? Y/N

84. Do you get panic attacks? (Fear, dizzy, heart pounding, breathless) Y/N

85. If yes, how often do you get panic attacks? Daily Weekly Monthly When the trigger happens

86. Do you have a reason to live? Y/N

87. Are you happy mostly? Y/N

88. Do you feel trapped by anything or anybody with no way out? Y/N

89. Do you feel a burden to others? Y/N

90. Are you constantly tired? Y/N

91. Are you in unbearable physical pain? Y/N

92. Are you in unbearable long-term emotional pain? (e.g. death of a loved one or un-dealt with abuse in the past, chronic illness, bad relationship(s), blackmail, bullying, threats) Y/N

93. Are you under unbearable mental stress trying to learn/concentrate and/or earn money? (e.g. at school, college, uni, work, or through hobbies, or social events) Y/N

94. Are you in poverty or debt? Y/N

95. Do you feel totally alone? Y/N

96. Do you have actions that you repeat many times in a day in order to feel in control? Y/N

Your Body - Head and Trunk

97. Condition of your hair:

- No loss of hair Y/N
- Head hair loss even and relatively quick Y/N
- Thinning on top of head gradually Y/N
- All body hair lost Y/N
- Thinning of eyebrows or loss of outer third Y/N
- Excess body hair Y/N
- Head hair turned white at early age Y/N

98. Do you get headaches/blackouts:

- I get headaches on the top of my head Y/N
- I get headaches at the back of my head Y/N
- I get headaches at the front of my head Y/N
- I get headaches at the side(s) of my head Y/N
- I take over the counter medicine daily for the headaches Y/N
- The headaches are so bad, I have to rest Y/N
- I don't get headaches Y/N
- I get fits or seizures Y/N
- I have brief moments of blankness Y/N
- I pass out frequently Y/N
- I get hallucinations Y/N
- I have violent nightmares I can remember Y/N

99. Condition of your head/face:

- I have dry skin, including dandruff Y/N
- My face has an oily centre or T shape Y/N
- Acne Y/N
- I get one-sided stiffness of my face Y/N
- One-sided slackness Y/N
- Forehead tender to touch Y/N
- Red line on forehead Y/N
- Heavy freckles Y/N
- Is your face greenish grey/yellow Y/N
- Is your face bluish Y/N
- Is your face yellowish Y/N
- Is your face white/pale Y/N
- Is your face ashen grey Y/N
- There is flushing or redness over parts of my face Y/N
- I have blotches over my face and I am pregnant Y/N
- I have rapid, repetitive movements of the muscles of my face Y/N
- I have spidery blood vessels on my face Y/N
- Baby has a thick crusting on the top of their head Y/N
- I have circular sores on my scalp and they have raised borders Y/N
- I have a mask-like face Y/N

100. Shape of your face

- I have a moon - shaped, rounded, red face Y/N
- I have a bird-like face – hooked nose, small chin Y/N
- I have a very long, narrow face Y/N
- I am beetle-browed, with prominent cheekbones, + elongated chin Y/N
- I have Down's Syndrome Y/N
- I have an oval face Y/N

101. Do you feel ugly? Y/N

102. Voice and Speech

- I can speak Y/N
- I use technology to speak Y/N
- High-pitched Y/N
- My voice is deepening Y/N
- My voice is hoarse or speaking is painful often Y/N
- My voice changes from day to day Y/N
- I am clearing my throat a lot when I speak Y/N
- I am understood mostly Y/N
- I speak more than one language Y/N | Languages you can speak:

- If people concentrate, they can understand my accent Y/N
- Some words are slurred or I miss out letters in a word Y/N
- I have a lisp, e.g. 'th' for an 's' or confuse different letter sounds Y/N
- People need to be patient because I speak words slowly Y/N
- I speak on one level, my voice does not go up or down Y/N
- My teeth are clenched together when I speak Y/N
- I make grunting noises Y/N
- My tongue gets in the way when I speak Y/N
- I have a stammer Y/N
- I like my speaking voice Y/N
- I can sing in tune Y/N
- I like to sing Y/N
- I can give directions to someone who is lost Y/N
- I can ask questions when I do not understand something Y/N
- I can speak to a crowd of people Y/N

103. Eyebrows

- I can raise both eyebrows together Y/N
- I can raise each eyebrow Y/N
- My eyebrows are thin Y/N
- My eyebrows are very bushy Y/N
- My eyebrows are balding or thinning on the outer third Y/N

104. Eyelashes

- My eyelashes are stuck together on waking Y/N
- I get styes Y/N
- I get crusting/dry bits between the eyelashes, top and bottom Y/N
- My eyelashes are sparse/not many at the top Y/N
- My eyelashes are sparse/not many at the bottom Y/N

105. Eyelids

- My eyelids get swollen or puffy Y/N
- I get soft painless cysts/lumps under my eyelids Y/N
- My eyelids droop Y/N
- My eyelids flutter often Y/N
- Inside my bottom eyelid it is pale pink rather than red Y/N
- I have extra skin folds on my eyelids Y/N
- I have bags under my eyes Y/N
- I have dark half circles under my eyes Y/N
- I can close my eyes fully Y/N
- I have an open sore by an eyelid Y/N

106. Eyes

- I am blind Y/N
- I have impaired vision Y/N
- I have had my eyes tested within the last three years Y/N
- I wear glasses Y/N
- I wear contact lenses Y/N
- I get pain behind my eyes Y/N
- My eyes water a lot Y/N
- My eyes feel dry and gritty Y/N
- I get flashing light in my eye(s) Y/N
- I can screw up my eyes together Y/N
- I can wink Y/N
- I can close my left eye, keeping my right eye open Y/N
- I can close my right eye, keeping my left eye open Y/N
- Sometimes my eyes blink a lot beyond my control Y/N
- Red and green colours get mixed up Y/N
- My sight is getting worse Y/N
- My eyes are large Y/N
- My eyes are spaced wide apart Y/N
- My eyes are staring into space sometimes Y/N
- I hate bright light Y/N
- I can't see in dim light Y/N
- My eyes are half open when asleep Y/N (If possible get someone to check)

107. Irises (coloured part) and Pupils (inner circle) of your Eyes

- There is a white outer ring around the iris Y/N

- There is a dark patch on the iris Y/N
- My pupils have no colour Y/N
- The pupils are black Y/N
- The pupils are the same size Y/N
- When bright light from a torch is shone near my eyes, the pupils get smaller very quickly Y/N

108. Dominant Eye

When I look through a keyhole, empty tube (kitchen or toilet roll), telescope, or microscope, I use my:
Left eye Right eye

109. Whites of Eyes

- They are white Y/N
- They are yellow Y/N
- They are red in places or bloodshot Y/N
- They have a blue tinge Y/N
- The very inner whites nearest the nose are bright red Y/N
- The outer edges of the whites nearest the ears have bright red irritation Y/N

110. Tracking of my Eyes (you will need someone to look at your eyes as you do this)

Outstretch your arm at a right angle to your body in front of you.

I can smoothly follow my outstretched finger steadily moving:

- From left to right in a straight line Y/N
- From right to left in a straight line Y/N
- From top/up to bottom/down in a straight line Y/N
- From bottom/down to top/up in a straight line Y/N
- In a large circle clockwise Y/N
- In a large circle anti-clockwise Y/N
- In a zig-zag Y/N

111. Cheeks

- I can blow my cheeks in and out Y/N
- My cheeks are red Y/N
- My cheeks are sunken (hollowed under) Y/N
- There is a rash over both cheeks and my nose bridge Y/N
- My inner cheeks are ulcerated Y/N

112. Nose

- My nose is too large Y/N
- My nose is thin Y/N
- My nose gets blocked up Y/N
- My nose itches Y/N
- My nose is runny Y/N
- My nose hurts Y/N
- I get nosebleeds often Y/N
- My nose is red Y/N
- My nose is blue Y/N
- I have pain on sneezing or coughing Y/N

113. Sense of Smell

- Strong smells make me feel ill Y/N
- My sense of smell is not as good as it was Y/N
- I can smell my food Y/N
- When blindfolded, I can identify smells like coffee, soap, perfume, flowers, banana, etc. Y/N
- I smell smoke or burned toast before having a fit Y/N

114. Lips, mouth and feeling sick (nausea) and throwing up (vomiting)

- I lip read Y/N
- I can form a kiss with my mouth and lips Y/N
- I have nausea daily Y/N
- I retch daily Y/N
- I have vomiting daily of food eaten Y/N
- I have vomiting which comes out fast and goes outwards Y/N
- The vomit is like coffee grounds and is brown Y/N
- I spit red blood, not connected with teeth brushing Y/N
- I have dark red bleeding from my mouth Y/N
- I throw up yellow stuff Y/N
- I drool Y/N
- I snore Y/N

- I have cracked lips Y/N
- I have cracks at the side edges of my lips Y/N
- I get cold sores on my lip(s) Y/N
- I have a cleft lip Y/N
- I can whistle Y/N
- My lips are bluish Y/N
- My lips are thin Y/N
- My lips are inflamed/ swollen Y/N
- I have pain opening my mouth Y/N
- I breathe through my mouth Y/N

115. Ears and hearing

- I am deaf Y/N
- I have impaired hearing Y/N
- I need complete quiet Y/N
- I have to turn up the volume on the TV in order to hear it Y/N
- I cannot hear some conversations Y/N
- I have constant ringing or buzzing noise in my ear(s) Y/N
- I have throbbing pain in my ears Y/N
- My ears are red Y/N
- My ears are blue Y/N
- I have a diagonal ear lobe crease Y/N
- Behind my ear(s) is tender to touch Y/N
- I have gunk coming out of my ear(s) Y/N
- I have a red rash that first started behind my ears but now is over all my body Y/N
- I hear voices in my ear(s) Y/N

116. Tongue

- My tongue is sore and burning Y/N
- My tongue is big and flabby with my teeth marks in it Y/N
- My tongue is bright red Y/N
- My tongue has a thick white coating on it Y/N
- My tongue is purple Y/N
- My tongue is swollen Y/N
- My tongue has raised red spots on it Y/N
- I can keep my tongue poking straight out for 10 seconds Y/N
- I can wiggle my tongue from side to side Y/N
- My tongue has sores or ulcers on Y/N
- My tongue has red spots in a white background – ‘Strawberry tongue’ Y/N
- My tongue is dark brown or black Y/N

117. Taste

- My sense of taste has gone Y/N
- I have a metallic taste in my mouth Y/N
- I can only eat bland food Y/N
- Vegetables taste gross Y/N
- I have a dry mouth all the time Y/N
- I eat unusual items, e.g. grass Y/N

118. Throat and neck

- My neck measurement below my Adam’s apple is cm
- I have a stiff back of neck Y/N
- I have white patches in my mouth and back of throat Y/N
- I have white spots in my mouth Y/N
- Food sticks in my gullet Y/N
- My throat is sore and red Y/N
- My throat has been swollen for over 6 weeks Y/N
- I have mucus at the back of my throat Y/N
- My neck glands are up Y/N
- I have a swelling below my Adam’s apple area Y/N
- I have gnawing pain in my upper chest and neck, including during the night and is relieved by eating Y/N
- I can put my chin on my chest Y/N
- I get neck cricks a lot Y/N
- It is hard for me to keep my head up Y/N
- My head leans to the right permanently Y/N
- My head leans to the left permanently Y/N
- My head is twisted to one side and I cannot turn it to the other side Y/N

119. Shoulders

- I can shrug my shoulders together Y/N
- I can shrug my left shoulder Y/N
- I can shrug my right shoulder Y/N
- I can raise my left arm to the side at a right angle Y/N
- I can raise my right arm to the side at a right angle Y/N
- I can raise my left arm to the front at a right angle Y/N
- I can raise my right arm to the front at a right angle Y/N
- My left ear can touch my left shoulder Y/N
- My right ear can touch my right shoulder Y/N
- I have a sore right shoulder Y/N
- My shoulder(s) is/are stiff and tender in the mornings Y/N

120. Teeth

- I brush my teeth daily Y/N
- Someone brushes my teeth for me daily Y/N
- I have 6 monthly or yearly check ups with the dentist Y/N
- My gums bleed when they are brushed Y/N
- I have red teeth Y/N
- I have toothache Y/N
- I have dentures Y/N
- My gums are sore or very red Y/N
- I have a blue line around my gum(s) Y/N
- The teeth enamel or outside is discoloured Y/N
- My teeth stick out Y/N
- I grind my teeth Y/N
- My lower teeth bite over my upper teeth Y/N
- I cannot afford teeth cleaning items Y/N

121. Breath and tonsils

- My breath smells of something bad Y/N
- My breath smells of smoke Y/N
- My breath smells of alcohol Y/N
- My breath smells of nail varnish Y/N
- My breath smells of stale cabbage Y/N
- My tonsils look huge Y/N
- There is white stuff on my tonsils Y/N

122. Skin – Body smell

- My body is washed daily by me Y/N
- My body is washed daily by another person Y/N
- My body is washed once a week Y/N
- My body hasn't been washed for over a month Y/N
- I do not have private access to a shower, bath or sink Y/N
- I do not have access to clean water for washing Y/N
- I have a discharge or pus which smells Y/N
- I cannot wash my clothes Y/N
- I live in a place with smokers Y/N

123. Body skin condition

- Acne Y/N
- Eczema Y/N
- Scarring Y/N
- Stretch marks Y/N
- Tags Y/N
- Easy bruising Y/N
- Very silvery patches Y/N
- Sores or ulcers Y/N
- Pearly waxy bumps Y/N
- Bleeding or bruised patches under skin Y/N
- Very stretchy skin Y/N
- Loose skin with extra folds Y/N
- Transparent skin – you can see the veins especially on chest, legs, hands and feet Y/N
- I have shiny smooth skin Y/N
- I get a lot of insect bites and they swell up very big Y/N
- My skin is itchy at night Y/N
- I don't like anyone touching my skin Y/N
- I have extra hair growth on my skin Y/N

- Wounds are slow to heal Y/N
- I get bed sores and or pressure sores Y/N
- My skin itches after a hot bath or shower Y/N
- I have a tan-like darkening of my skin and it is really itchy Y/N
- I have a bright red rash which does not disappear when a glass is pressed to it Y/N
- I have a bright red rash which does disappear when a glass is pressed to it Y/N
- I have an itchy rash with small pink spots Y/N
- I have round swellings which get bigger and smaller in time with my heartbeat Y/N
- I have red/purple skin patches Y/N
- I have small purple marks on my skin Y/N
- I have rose coloured skin patches Y/N
- My skin has been burned Y/N
- I have pink streaks on my skin Y/N
- My skin has thickened and it is coarse and dry Y/N
- I have a pin-prick rash Y/N
- I have orange peel skin Y/N
- Baby has nappy rash Y/N
- I have brownish skin which is scaly and itchy Y/N
- I have a pink skin rash which is blistering Y/N
- I have small red spots which change colour and look like black bruises Y/N

124. Lesions and Moles

- I am concerned about a mole which has an unusual shape Y/N
- I am concerned about a mole with a border not of a set shape Y/N
- I am concerned about a mole with an irregular colour or is multi-coloured Y/N
- I am concerned about a mole that is getting bigger Y/N
- I am concerned about a mole that is itching Y/N
- I am concerned about a mole that is bleeding Y/N
- I have a red, round, fluid-filled area with a yellow or white centre and a central head Y/N
- I have a round or oval shaped, slightly raised mole which is brown or yellow, or white or black Y/N
- I may have been bitten by something Y/N
- I have been abroad in the last year Y/N
- I have age spots Y/N

125. Skin - trunk colour

White Yellow Pink Red Blue Tanned Light brown Dark brown Black

126. I cannot move one side of my body at all? Y/N

127. I have limited movement on one side of my body? Y/N

128. I cannot feel anything from the waist down? Y/N

129. I cannot feel anything from the neck down? Y/N

130. Sweating and shivering

- I sweat Y/N
- I sweat after meals Y/N
- I sweat after exercise or getting hot or when afraid Y/N
- I get drenched in sweat for no reason during the day Y/N
- I get drenched in sweat at night, not related to nightmares Y/N
- My sweat smells foul Y/N
- I have shivering Y/N
- I always feel cold Y/N

131. Your back

- I can lift heavy objects easily, e.g. a pack of six, two litre water bottles Y/N
- I can lift medium weight objects easily, e.g. one carrier bag of shopping Y/N
- I can lift a one litre bottle of water Y/N
- I can lift a small book Y/N
- I can touch my toes when standing Y/N
- When I touch my toes when standing, my hands can lie flat on the floor Y/N
- My upper back is painful with severe spasms Y/N
- My mid-back is painful with severe spasms Y/N
- My lower back is painful with severe spasms Y/N
- I have acute pain if I bend over or if I lift something which is too heavy for me Y/N
- My back pain is worse on rising and after inactivity Y/N
- My bottom and low back feel stiff Y/N

- My back pain shoots down one or both legs Y/N
- I cannot sit down for long Y/N
- My backbone has an S shape Y/N
- My backbone can bend backwards more than other people's Y/N

132. Your breasts/chest

- My breasts are tender or sore Y/N
- I have a lump Y/N
- The shape of the breast surface is irregular Y/N
- My breasts are very small Y/N
- My breasts are very large Y/N
- Under my breast(s) is/are damp and sore Y/N
- There is a nipple discharge Y/N
- A nipple or both have changed colour Y/N
- A nipple or both has changed size Y/N
- I am breastfeeding Y/N
- I would like advice with breastfeeding Y/N

133. Chest measurement: (For females Your breasts) cm

134. Your chest - breathing and chest pain

- I can breathe without help Y/N
- I need a tube to breathe Y/N
- I find it difficult to breathe at rest Y/N
- I find it difficult to breathe after doing an activity Y/N
- I wheeze most when I get up from my main sleep Y/N
- I get wheezy after a cold or the flu Y/N
- Cold and/or damp make my wheezing worse Y/N
- My chest whistles Y/N
- My breathing can sometimes be in spasms, noisy and goes on for a while Y/N
- My breathing is fast Y/N
- Sometimes I temporarily stop breathing and then restart Y/N
- I can hear rattling from my chest Y/N
- I cannot lie on my left side for pain Y/N
- I get a stitch in my side that stops me sleeping Y/N
- My chest dips in Y/N
- My chest is convex or pushes out at the front Y/N
- My chest is barrel shaped Y/N
- I am flat-chested Y/N
- I have asthma Y/N
- I have pain under my left ribs Y/N
- I get chest muscle tenderness which started in the late summer/autumn Y/N
- I get heartburn when bending Y/N
- I get stabbing chest pain Y/N
- I get a chest pain like there is something heavy on it Y/N
- I have side chest pain which goes to my shoulder and neck Y/N
- I have a persistent dry cough Y/N
- I have a hacking cough Y/N
- It hurts when I cough Y/N
- Coughing produces mucous Y/N
- Coughing produces rusty coloured muck Y/N

135. Your heart

- I have chest pain in the centre of my chest Y/N
- My heart beats fast at rest Y/N
- My heart beats fast on slight activity Y/N
- My heart misses beats Y/N
- My heart beats sound fluttery Y/N
- My heart has extra beats Y/N
- My heart pounds a lot Y/N
- I have pain which starts behind the breast bone and goes out to the arms and neck Y/N
- I feel faint if standing for more than a few minutes Y/N

136. Abdomen

- My clothes fit tightly around my abdomen now Y/N
- My abdomen is very tender to touch Y/N
- I have mid-upper discomfort in my abdomen Y/N
- I have mid-upper sharp pain in my abdomen Y/N

- I have colicky pain which is worse after meals Y/N
- On my upper right side of my abdomen, I have pain Y/N
- On my upper left side of my abdomen, I have pain Y/N
- On my lower right side of my abdomen, I have pain Y/N
- On my lower left side of my abdomen, I have pain Y/N
- I have writhing pain under my bellybutton area, with nausea and/or vomiting Y/N
- I have writhing pain under my ribs. I am doubled up with it and it's worse when I move Y/N

137. Waist Measurement: cm

138. Hips Measurement: cm

139. Hips

- I have a hip joint(s) which is/are hot, red and painful Y/N
- The outer bony part of my hips stick out Y/N
- I have bone pain in my hips Y/N
- I was born with clicky hips Y/N
- My hips are unstable and dislocate Y/N
- I can clunk my hips back Y/N
- I was a breech baby Y/N

140. Women – Menstruation

- My periods have not started yet Y/N
- I have started the menopause Y/N
- I have finished the menopause Y/N
- I have a regular cycle every 4 weeks Y/N
- The bleeding is just spotting, or not at all sometimes Y/N
- The bleeding is heavy every cycle Y/N
- I take The Pill to control the bleeding Y/N
- The bleeding is out of control Y/N
- I have bleeding between periods Y/N
- Two weeks before menstruation, I get terrible pain Y/N
- During menstruation I get terrible pain Y/N
- The pain and/or the bleeding mean I cannot continue normal life Y/N
- I have bleeding after menopause Y/N

141. Men – Testicles

- I have severe pain in my testicles Y/N
- My testicles feel enlarged or heavy Y/N
- I have swelling of veins around a testicle, usually the left Y/N
- I have pain and swelling next to my testicles Y/N
- There is a hard lump in the scrotum Y/N
- I am considering a vasectomy Y/N

142. Sex

- Men and Women – I have an absence of sexual desire Y/N
- Men and Women – I want sex all the time Y/N
- Men and Women – I have pain during sex Y/N
- Men and Women – I experience fear during sex Y/N
- Men – I can get an erection Y/N
- Men – I can hold an erection Y/N
- Men – I can reach orgasm Y/N
- Women – my partner can arouse me Y/N
- Women – I can reach orgasm Y/N
- Women – I have bleeding after sex Y/N
- Women – I have sharp stabbing pain after sex Y/N

143. Below the Vagina and Penis

- Men and Women – I have excess pubic and facial hair Y/N
- Men and women – There is increased dark skin colour down below Y/N
- Men and Women – My pubic hair itches at night Y/N
- Men – The penis is swollen and itchy Y/N
- Men – I have a semen coming out of my penis, without an orgasm Y/N
- Men – there bumps on my penis Y/N
- Women – My vagina has a smelly discharge Y/N
- Women – My vagina has a white watery, cheesy discharge Y/N
- Women – My vagina has a yellow discharge Y/N
- Women – My vagina has a greenish discharge Y/N

- Women – the vulva or area around the vagina is swollen and itchy Y/N
- Women – there is a lump at the opening to the vagina Y/N

144. Below the Urethra or where the urine comes out

- It stings or I have scalding pain every time I pass urine Y/N
- I have the urge to go all the time Y/N
- Only a dribble or thin stream comes out Y/N
- Men – My urethra opens on the underside of my penis Y/N

145. Below the Anus or where the stools come out

- I have piles which stay up inside Y/N
- I have piles which pop out when I pass stools, but go back in by themselves Y/N
- I have piles on the outside which I have to pop back in by hand Y/N
- My anus is itchy Y/N
- My anus is sore Y/N
- My anus is bleeding Y/N
- The pain is relieved after passing stools Y/N
- I pass a lot of wind Y/N

Your Body - Arms, Elbows, Wrists, Hands and Fingers

146. I have two arms Y/N

147. Arms

With one arm over my shoulder and the other arm behind my back, I can:

- Make the hands of my arms just touch each other Y/N
- Make the hands of both arms grip each other Y/N
- I cannot make either hand touch the other Y/N
- The glands under my arm(s) are hard and/or rubbery Y/N
- I have raised bumps on the back of my arm(s) Y/N
- My under arm gland(s) is/ are swollen Y/N
- My arm(s) make(s) jerky movements Y/N
- My arm(s) twitches Y/N
- I can tie a bow behind my back, e.g. for an apron Y/N
- My arm(s) is/ are painful Y/N
- I have shooting pain in my arm(s) Y/N
- My arm(s) feels like it/they are burning Y/N
- My arm(s) tingles/ have pins and needles Y/N
- My arm(s) is/ are stiff in the morning Y/N
- My arm(s) feels numb Y/N
- I have a rash/blotches on my arm(s) Y/N
- My lower arm(s) aches Y/N
- My arm(s) twitches Y/N
- I suddenly felt ill and now, four days after that started, I have a spreading rash on my arms and legs Y/N

148. Elbows

- I can pull my skin downwards off my elbow Y/N
- I have pain and tenderness in my elbow(s) Y/N
- I have funny-bone tingling all the time Y/N
- My elbow joints are white Y/N
- I have a lesion or nodules on my elbow Y/N
- My elbow(s) feels stiff when I try to move my arm up or down Y/N

149. Wrists

- I shake or flick my wrist(s) when the pain is bad Y/N
- My wrist(s) ache or are numb Y/N
- There are cuts on my wrist(s) or lower arm Y/N
- There are bumps or nodules on my wrist(s) Y/N
- There are small shiny pimples which started on the front of my wrists and are spreading to my trunk Y/N
- My hand(s) will bend back at my wrist(s) at a right angle Y/N
- I have pain when I do this Y/N
- My hand(s) will bend forwards at my wrist(s) at a right angle Y/N
- I have pain when I do this Y/N
- My hand(s) will wave from side to side at my wrist(s) Y/N
- I have pain when I do this Y/N
- I have difficulty opening jars – not enough strength Y/N

- I have pain opening jars Y/N

150. Wrist Measurement: cm

Use your thumb and fifth little finger on one hand to grasp around your opposite wrist.

151. Does your thumb and fifth little finger:

- Just meet? Y/N
- Do not meet? Y/N
- Overlap by a fingernail length? Y/N
- Overlap more than this? Y/N

152. Hands

- I have 2 hands Y/N
- I always wash my hands after going to the toilet Y/N
- I wash my hands before I prepare food or eat food which I touch Y/N
- I wash my hands after doing any dirty job Y/N
- I can hold metal cutlery Y/N
- I can wash up Y/N
- I wear gloves to protect my hands when needed Y/N
- My hands look old before their time Y/N
- My palms are sore or painful Y/N
- My hands and knuckles have morning stiffness, wearing off later Y/N
- I can clap my hands without pain Y/N
- I can put my hands together straight as in the prayer sign Y/N
- I can put my left hand flat on a table with fingers spread wide Y/N
- I can put my right hand flat on a table with fingers spread wide Y/N
- My hands are often cold Y/N
- My hands sweat Y/N
- There is increased dark colouring on the palm(s) of my hand(s) Y/N
- I get pins and needles in my hands Y/N
- My hands feel like they are on fire with burning Y/N
- My left hand tremors or shakes Y/N
- My right hand tremors or shakes Y/N
- My hands are dry and painful Y/N
- I can make a fist with both hands Y/N
- I have scabby itchy hand(s), worse by warmth Y/N
- My hand(s) have enlarged since puberty Y/N

153. Your dominant hand: Left Right

154. Fingers

- I have 5 fingers on each hand Y/N
- The fingers on my left hand can touch my left thumb Y/N
- The fingers on my right hand can touch my right thumb Y/N
- I cannot straighten my ring and little finger on my left hand Y/N
- I cannot straighten my ring and little finger on my right hand Y/N
- I can do pretend piano playing with my fingers Y/N
- My finger size has enlarged or I put rings on my little fingers now Y/N
- I have numbness or tingling in the first 3 fingers which feel clumsy. It is worse at night Y/N
- I have nodules or cysts on my fingers Y/N
- There are erratic movements of my fingers Y/N
- There is a loss of sensation in my fingertips Y/N
- There is clubbing of my finger(s) Y/N
- There are lumps on my knuckles Y/N
- I can tie shoelaces Y/N
- My left fingers can bend back at a right angle to my left hand Y/N
- My right fingers can bend back at a right angle to my right hand Y/N
- The last third of my fingers bends upwards Y/N
- My fingers go white when cold Y/N

155. Movement of the thumbs

- I can wiggle my thumbs forwards and backwards Y/N
- I can wiggle my thumbs from side to side Y/N
- I can bend both thumbs at the knuckle at right angles Y/N
- My left thumb can touch my left forearm Y/N
- My right thumb can touch my right forearm Y/N
- My thumbs can touch my little finger/go beyond my little finger/side of my hand Y/N

156. Fingernails

- My fingernails are cracked or crumbling, brittle or dry Y/N
- My fingernails are ridged Y/N
- My fingernails are pitted or have hollows Y/N
- I have white marks on my fingernails Y/N
- My fingernail(s) is/are spoon-shaped Y/N
- My fingernails have a rippling look Y/N
- My fingernails are pale with a whitish bed Y/N
- My fingernails are half white and half pink Y/N
- My fingernails are yellow and thick Y/N
- I bite my nails Y/N
- The nail bed is blush coloured Y/N
- The nail bed is black Y/N
- The nail bed is white Y/N
- I wear nail polish all the time Y/N
- I cannot cut my fingernails Y/N

157. Joints

- My joints can 'pop out' of their sockets easily Y/N
- My joints are hot or red or shiny or swollen Y/N
- There are lumps on my joints
- I can move my body in ways other people cannot Y/N
- I can sit in a way other people cannot Y/N

158. Legs

- I have 2 legs Y/N
- I can walk unaided Y/N
- I can walk on tiptoes Y/N
- I can walk on my heels Y/N
- I can walk, eyes shut, in a straight line Y/N
- I can walk heel to toe, on foot in front of the other, eyes shut Y/N
- I can run unaided Y/N
- I can squat unaided Y/N
- With eyes shut, I can balance on one leg unaided Y/N
- I can raise my left thigh for 5 seconds, when standing on my right leg Y/N
- I can raise my right thigh for 5 seconds, when standing on my left leg Y/N
- I can stand for a minute Y/N
- I can stand for 10 minutes Y/N
- I can stand for 30 minutes Y/N
- I can stand for 1 hour Y/N
- I can climb a step (s) or stairs Y/N
- My thigh(s) or parts of my leg(s) feel numb Y/N
- My leg(s) twitches Y/N
- My leg(s) is/are painful Y/N
- My leg(s) feels heavy and sensitive to touch Y/N
- My leg(s) are swollen Y/N
- My leg(s) swell up in the evening Y/N
- I have a leg ulcer Y/N
- I get cramp(s) in my leg(s) Y/N
- I get burning pain in my leg(s) Y/N
- I get tingling in my leg(s) Y/N
- My leg(s) aches and there is a fiery or crawling ant sensation Y/N
- I get spasms/pain in my leg(s) when walking Y/N
- I walk with a limp Y/N
- I get calf pain Y/N
- My leg(s) makes unpredictable movements Y/N
- At the very top of my leg(s), there is pain or swelling in my groin area(s) Y/N
- My bones easily break Y/N
- I have orange peel skin on the front and/ or back of my thigh(s) Y/N
- I can do the splits Y/N

159. Knees

- My knees are different heights from the ground Y/N
- My knee(s) is red, hot and painful Y/N
- My knee(s) ache or are painful, especially in the mornings Y/N
- My knee(s) are cold Y/N
- There are lumps on my knee(s) Y/N
- My knee(s) is/are swollen Y/N

- My knee(s) turns inwards or knock-knees Y/N
- I have bow legs which is getting worse Y/N
- I can sit with my knee(s) out flat, nearby my thighs Y/N
- I can sit cross-legged unaided Y/N
- I can kneel unaided Y/N
- I can do long jumps unaided Y/N
- I can skip unaided Y/N
- I can hop unaided Y/N

160. Ankles

- My ankle(s) is/are swollen all over Y/N
- My ankle(s) is/are swollen just below the ankle bon(s) Y/N
- My ankle(s) is/are weak and/or get injured often Y/N
- My ankle(s) is/are waterlogged Y/N
- My ankle(s) has/have restricted movement Y/N
- I can move my left foot towards my shin Y/N
- I can move my right foot towards my shin Y/N
- I can move my left foot backwards Y/N
- I can move my right foot backwards Y/N
- There is an inward tilt of my heels at the ankle so it looks like I walk on my ankles nearly Y/N

161. Feet

- I have two feet Y/N
- I have flat feet Y/N
- My foot/feet is/are numb Y/N
- My foot/feet is/are burning Y/N
- I am unable to put weight on my feet Y/N
- There is redness or tenderness of my foot/feet Y/N
- There is pain or swelling of my foot/feet Y/N
- I can see the veins under the skin of my foot/feet Y/N
- My foot/feet shake Y/N
- There is inward rolling of my foot/feet Y/N
- My foot/feet sweats Y/N
- The joint(s) to the big toe(s) is/are swollen Y/N
- It feels like there is a stone in my shoe when I walk Y/N
- The underside of my foot/feet and heel(s) is/are painful and sore when I first walk in the day Y/N
- There is burning pain in the ball of my foot/feet which goes to the toes Y/N
- There are sores or ulcers on my foot/feet Y/N
- My foot/feet is/are blue Y/N
- My feet feel heavy Y/N
- I have a dropped foot/feet Y/N
- My foot/feet get cold easily Y/N

162. Your dominant foot: Left Right

163. Toes

- I have five toes on each foot Y/N
- A toe or toes have lumps on them Y/N
- There is hard skin on the side of my little toe(s) and/or on the top of toes Y/N
- I have pain, swelling or bruising on my toe(s) which interferes with walking Y/N
- I have pain under my big toe(s) on the ball of my foot/feet which has come on gradually Y/N
- I can bend and straighten my big toe(s) Y/N
- I have an ulcer(s) on my toe(s) Y/N
- I have itching /cracking/peeling/scaly skin between my toes Y/N

164. Toenails

- I can cut my toenails Y/N
- Someone cuts my toenails for me Y/N
- I know my toenails should be cut straight across Y/N
- I know my toenails should extend past the skin Y/N
- There are lumps on my toenails Y/N
- I have yellowing and/or thickening of my toenails Y/N
- I have an ingrowing toenail Y/N

Family History

Include operations, illnesses, accidents, injuries, early death (0-50 years) or sudden deaths with the reasons, miscarriages, unusual double joint movements or hypermobility, bleeding problems, dietary abnormalities or allergies, drug allergies, dependence/obsession- drugs, alcohol, food, sport etc, psychological problems or patterns, problem personality traits, long-lived beyond 90 years.

165. Mother

166. Father

167. Grandparent(s), if known

168. Brother(s), if any

169. Sister(s), if any

170. Cousin(s), if known

171. When I die, I want my body:

- Cremated Y/N
- Buried Y/N
- Used for medical research Y/N
- Used for organ donation Y/N

172. Please specify which organ(s) you wish to donate: